

**AMERICAN ARBITRATION ASSOCIATION
SUPPLEMENTARY PROCEDURES FOR
CONSUMER-RELATED DISPUTES**

How to file a claim; consumers should:

- Fill out this form and retain one copy for your records.
- Mail two copies of this form and your check or money order made payable to the AAA, to the AAA Case Management Center nearest to you. Please consult Section C-8 of the *Supplementary Procedures for Consumer-Related Disputes* for the appropriate fee.
- Send a copy of this form to the business.

How to file a claim; businesses should:

- Fill out this form and retain one copy for your records.
- Mail two copies of this form and your check or money order made payable to the AAA, to the AAA Case Management Center nearest to you. Please consult Section C-8 of the *Supplementary Procedures for Consumer-Related Disputes* for the appropriate fee.
- Send a copy of this form to the consumer by registered mail return receipt requested.

1 How is this claim being filed? Check only one.

☐ By request of the consumer (A copy of the arbitration agreement **must** be attached. A copy of this form **must** also be sent to the business)

☐ By request of the business (A copy of the arbitration agreement **must** be attached. A copy of this form **must** also be sent to the consumer by registered mail return receipt requested)

-or-

☐ By mutual agreement ("submission") of the parties (both parties **must** sign this form)

2 Briefly explain the dispute.

3 Do you believe there is any money owed to you? If yes, how much?

4 Is there any other outcome you want? ☐ Yes ☐ No
If yes, what is it?

5 Preferred hearing locale (if an in-person hearing is held) _____

6 Fill in the following information

Consumer

Name of Consumer _____

Address _____

City/State/Zip _____

Telephone _____

Fax _____

Signature of Consumer _____

Representative _____

Firm _____

Address _____

City/State/Zip _____

Telephone _____

Fax _____

Business

Name of Business _____

Address _____

City/State/Zip _____

Telephone _____

Fax _____

Signature of Business _____

Representative _____

Firm _____

Address _____

City/State/Zip _____

Telephone _____

Fax _____